Revision: HCFA-PM-9	1-4 (BPD)		OMB No. 0938-
State/Territory:		UTAH	-
<u>Citation</u> 7.4	State Governor's Review		
42 CFR 430.12(b)	The Medicaid Agency will provide opportunity for the Office of treview State plan amendments, long-range program planning pother periodic reports thereon, excluding periodic statistical, but reports. Any comments made will be transmitted to the Health Administration with such documents.		nning projections, and ical, budget, and fiscal
	// Not ap	plicable. The Governor	
	<u></u>	Does not wish to review any plan mater	rial.
	<u>//</u>	Wishes to review only the plan material enclosed document.	s specified in the
I certify that I am author	orized to submit	this plan on behalf of	
	UTA	H DEPARTMENT OF HEALTH	
	(Des	signated Single State Agency)	
Date: 7/18/97			
		(Signature) ROD L. BETIT EXECUTIVE DIRECTOR UTAH DEPARTMENT OF H (Title)	EALTH

TN No. 97-003Supersedes
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